

## **CHECKLIST FOR WORKER/CHILD VISITS FORM INSTRUCTIONS FOR COMPLETION**

**Purpose:** The Checklist for Worker/Child Visits (CD-82) was developed to document contact between a Children's Service Worker and a child on their caseload. This form is intended to assist in documenting the worker's discussion with the child as well as to assist the worker in assessing the child's ongoing safety in their placement. This form is to be completed monthly with each child in the worker's caseload. The form should be retained in the file and kept in the child's section. A copy of the form should be signed and given to the child(ren), as age appropriate.

### **Completion:**

#### **Section A:**

**Date:** Provide the date of the visit.

**Time:** Provide the start time of the visit.

**Location:** Provide the location of the visit (this would ideally be the placement home.)

**Case Name:** Provide the case name.

**Case Number:** Provide the case number.

**Child(ren)'s Name:** Provide the names of the child(ren) on the case with whom the worker is visiting.

**Worker Visiting the Child:** Provide the name of the worker conducting the visit (should primarily be the case manager or service worker).

**Length of Visit:** Provide the length of time for the visit.

#### **Section B: Check if Applicable**

The worker conducting the visit should check all items discussed with the child during the visit.

#### **Section C: Comments**

Please provide comment on the items checked in Section B. These comments should include any opinions or concerns expressed by the child as well as the worker's observations of the child. If more than one child is seen at a time, it is not necessary to identify which child expressed the opinion or concern. Any safety issues should be noted and the worker's efforts to address these.

#### **Section D: Signatures**

All children on the case who were present for the visit should sign the form. The worker and placement provider must also sign the form.

**Memoranda History:** [CD06-63](#)